FORM PTO-1083

DT02 Rec'd PCT/PT0

89277.0043

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ichirou YODA et al.

Serial No: 10/510,676

Confirmation No.: Not Assigned

Filed: October 6, 2004

Intake System For Engine

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above application are the following items.

Supplemental Preliminary Amendment

Return postcard

The fee has been calculated as shown below:

Art Unit: Not Assigned Examiner: Not Assigned

> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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February 3, 2005 Date of Deposit

olyce Hegerhan

February 3, 2005 Date

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25	\$[FEE]	\$	0
INDEPENDENT CLAIMS FEE	6	-	 3	***	3	LG=\$200 SM=\$100	\$200	\$	600
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS)	\$	0
	·						TOTAL	\$	600

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

A check in the amount of \$_600\$ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, HOGAN & HARTSON L.L.P.

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Date: February 3, 2005

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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.